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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/585,820	<b>FILING DATE</b> 06/01/2000 <b>RULE</b> -	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> CDS-221	
<b>APPLICANTS</b> Thomas J. Mercolono, Stockton, NJ ; Kathleen J. Reis, Milford, NJ ; <b>** CONTINUING DATA *****</b> <i>J22</i> THIS APPLN CLAIMS BENEFIT OF 60/138,136 06/08/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/12/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>J22</i> Verified and Acknowledged <i>J22</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Audley A Ciamporcero Jr One Johnson & Johnson Plaza New Brunswick ,NJ 08933					
<b>TITLE</b> Simultaneous determination of forward and reverse abo blood group					
<b>FILING FEE RECEIVED</b> 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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